1. PLACE OF DEA	TH	MAIN	LAND	UST IST	DEATH	0575
County Carr	011			(2.0)	Registration Dist. No.	74
Village or City Sy		Marvl	and	ND.Springfield	State Weenth	haew [F
Length of residence In c		h occurred6	yrs. 11 mos	f death occurred in a hospital or institutionds. How long in U.S. if of f	on, give its NAME instead of street oreign birth?yrs	and number)
	110 F Po	tomoo	C+ Dmin		A STORE OF THE PARTY OF	
(a) Residence: No.	LIS E. PO	(Usual place of	of abode)	nswick, Waryland	If nonresident give city or town	and State
PERSONAL AN	ID STATISTICA	AL PARTIC	CULARS	MEDICAL CE	RTIFICATE OF DEAT	H
	or or race 5.	SINGLE, MARK OR DIVORCED Single	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH 7	, 1935 (Month) (Day)	, 193 (Year)
5a. If married, widowed, or div HUSBAND of (or) WIFE of	ingle			22. I HEREBY September 11,	CERTIFY, That letter	nded deceased from
4 D. Br. Off Dinest (th.)		tober 1	19. 1913	last saw h im alive on O		35; death is said
6. DATE OF BIRTH (month, da 7. AGE Years	Months	0eys	If LESS than	to have occurred on the date stated		2222, 000011 13 3010
21	11	19	I dey,hrs.	The PRINCIPAL CAUSE OF DEATH		
8 Trade profession or n		10	ormin.	Congenital hy	drocephalus	Date of onset
kind of work done SAWYER, BDDKKE	es SPINNER, NO	work				Firom
kind of work done SAWYER, BDDKKE 9, Industry or business I work was done, as SAW MILL, BANK, 10. Date deceased last wo	n which SILK MILL, N etc	o work				birth
	rked et onth and 		me (years) It in this Pation			
12. BIRTHPLACE (city or town	Brunswic	k		Dther Contributory Canses of import	ance:	Print
(State or country) M	aryland			Meningo-encer	nhalitis	Sept. 27
# 13. NAME Walte	r C. Ambr	ose			non-epidemicl	1935.
13. NAME Walte 14. BIRTHPLACE (city or t (State or country)	wn) Brunsw Maryland	ick		Name of operation None Physical ex What test commend diagnosis?	amination Oete	of Yes
		est		23. If death was due to external cause		
15. MAIDEN NAME BE	Brunswi Marylan	ck		Accident, suicide, or homicide?		
17. INFDRMANT Sprin (Address) Syke	gfield St		spital	Specify whether Injury occurred in I	(Specify city or town, county an INDUSTRY, in HDME, or in PUBLE	
M. BURIAL, CREMATION, OR		Date Oct	9 1930	Manner of Injury		
19. UNDERTAKER (Address)	i Sou	y Ju	v.	24. Was disease or injury in eny way	related to occupation of deceased	No cupation
20. FILED CLV - 7	1935 are	my H	Registrar.	(Signed) (Address)	eavelle- n	ed M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(S.S. Hoop.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
MUREAU V. S.	100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

1. PLACE OF DEATH	82-2)
County Saxuel	Registration Dist, No.
Village or City I taufrstend	No. St., War f death occurred in a horpital or institution, give ita NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME Yearge Ceulti	oug
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If messied, widowad, or divesced, Mary E. Webster (or) WIFE Of 15t Lydia (Canningham 1870)	22. I HEREBY CERTIFY, Thet I attended deceased fro
6. DATE OF BIRTH (month, day, and year) June 18-1863	1 lest saw h aliva on 10-26 19 5 ; death is sai
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, et 3 12 4 m.
65 11 th 9 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trede, profassion, or particular kind of work done as SPINNER,	Date of once
SAWYER, BOOKKEEPER, atc. / Mulicy	Can brat Sommar hoye 10-1.3
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacassed last worked et this occupation (month) and. 11. Total time (years)	
10. Date dacaased last worked et this occupation (month and Museum spant in this paar)	
12. BIRTHPLACE (city or town) Mayland (State or country)	Other Coutributory Causes of Importence: Carturio - Jelin as is land
13. NAME Jacob authoring	
13. NAME Jacob authory 14. BIRTHPLACE (city or town)	Neme of operation Data of
(State or country) / Nary Care	What test confirmed diagnosis? Classe Was there an autopsy? 26
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. if death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) William,	Where did injury occur?
17. INFORMANT Anie Cuttleday (Addrass) Hambatead and	(Specify city or town, couoty and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Valupating Mode Cet 18, 1235	Mannar of injury
19. UNDERTAKER LOSSY The Company of	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct. 28, 1935 John S. Hyles h	(Signed) 77. C. Tartu fuel M. M. (Address) Annual Turk
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	R	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 2 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	<u> </u>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Change of date	of birth and	age of deceased authorized 11/14/35
		Dr. PorterfieldBureau V.S.
		- L. F. L.



STATE OF	MARYL	AND-C	CERTIF	ICATE	OF	DEATH
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	0	1	1	w

	. PLACE	OF DEATH				10-	and the same
	County	Carroll				Registration Dist.	No. 74
	Village or	city Syke	svil	le		No. Springfield State Ho death occurred in a horpital or institution, give its NAME instet	
	Length of re	esidence In city or to	own whera de	eath occurred 1	O vrs 5 mos	death occurred in a horpital or institution, give its NAME instead	ad of street and number)
2		AME Jose					J. 100
					Maryland	St., Ward.	ty or town and State
	PERSO	NAL AND ST	TATISTI			MEDICAL CERTIFICATE OF	
3. S M	ale	4. color or Whit		s. SINGLE, MAR OR DIVORCE Singl	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 16, 1935	Day) (Year)
5a.	If married, wide HUSBAND of (or) WIFE of	owed, or divorced Singl	.e			22. ! HEREBY CERTIFY. TO September 17,135, to Octo	het I attended deceased from
6. I	ATE OF BIRTS	H (month, day, and y	mar) No	rember	5, 1879	last saw h im alive on October 16,	19 35 death is said
7. /			Months	Days	If LESS than	to have occurred on the date stated above, at 12 no	
		55	11	11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of in were as follows:	mportance Date of onset
S	8. Trede, pro	fession, or particula f work done, as SPI ER, BOOKKEEPER, et	NNER, NO	ne		Arteriosclerosis	Onset
Y	9 Industry of	r business in which					July
OCCUPATION		vas done, as SILK M IILL, BANK, etc					1930
5	this occ	ased last worked at cupation (month and		spe	ima (yeers) ntin this upation		
		city or town) Fr	ederi			Other Coutributory Causes of Importance:	
14.	(State or co		yland		W-V-Y	Bronchopneumonia	10/15/
7	13. NAME W	Illiam L	Arn	acost			77.37
FATHER	14. BIRTHPLA	CE (city or town) or country)	Carro	11 Cou	nty	Name of operation. None What test communes diagnosis Examinatio	Date of NO
7	15. MAIDEN N	IAME Ida W	ebste	r		23. If death was due to external causes (VIOL ENCE) fill in als	
MOTHER	16. BIRTHPLA	or country) V1	Unkno rgini	a		Accident, suicide, or homicide? Date of	f injury, 19
17.	INFORMANTS (Address)	oringfie Sykesvil	ld St	ate Ho	nital (Records)	(Specify city or town, Specify whether injury occurred in INDUSTRY, In HOME, or	county and State) In PUBLIC PLACE.
18.		STION, OR REMOVA	1 . 4 1	Date OO	F L9 , 1935	Manner of Injury	
19.	UNDERTAKER _ (Address)	7/Ba	sin	and ;	+ Som	24. Was disease or injury in eny way related to occupation o	deceased? NO
20.	FILEDALIS	16,19.2	6. Q	Harr	y Heel Registrar.	(Signed) Chao d. Acha	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

J.S. Noap)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis NOV 5 1625	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	Ĩ
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

BINDING

FOR

IARGIN RESERVED

OCCUPA

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1. PLACE OF DEATH County Carroll Length of residence in city or town where death occurred___

STATE OF MARYLAND—CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium

Colored Branch

Registration Dist. No. 74

Village or City Henryton, Maryland Np. (above) St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Emory Blackwell

(a) Residence: No. Ellicott City, Howard Cost. Md. Ward.

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male Colorea Single 5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Nov . 4. 1918 6. DATE OF BIRTH (month, day, and year) 7. AGE Days If LESS than Months 1 dey,___hrs. 16 8. Treda, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.... Laborer Industry or business in which work was done, as SILK MILL, Unknown SAW MILL, BANK, etc 10. Date deceesed last worked at 11. Total time (years) this occupation (month end spent in this Unknown Ellicott City 12. BIRTHPLACE (city or town) ... (State or country) Maryland FATHER Richard Blackwell 13. NAME

I HEREBY CERTIFY. Thet I attended deceased from

MEDICAL CERTIFICATE OF DEATH

Oct., 2, 1935, 19 to Oct., 15, 1965 I last saw h im alive on Oct . 15, 19359 ; deeth is said

to have occurred on the date stated above, at 8.30 mP. M. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance

Tuberculosis NOV. 1934

O mos. 13 ds. How long in U.S. if of foreign birth?

Name of operation__

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? ______ Date of Injury _____ 19 Whare did injury occur?

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

24. Was disease or injury in any way related to occupation of decaased? If so, specify_

(Signad) Maryland. menry ton,

(Addrass) Henryton. 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) 20, FILED 10/15/35

14. BIRTHPLACE (city or town) ...

(State or country)

16. BIRTHPLACE (city or town) ... (Stete or country)

15. MAIDEN NAME

17. INFORMANT

MOTHER

Ellicott City

Bessie Scoggin

Ellicott City

Maryland

Maryland

John E. O'Neill, M. D.

oca Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury

-WRITE

pe

plnods

CAUSE NOIL

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1 1923	Gastroenteritis	1 year
18			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.

1. PLACE OF DEATH	WITHIN COMPGEATS LI	Registration Diet. No. 76	
Village or City Washin	undle My	No. St., Wardenh occurred in a hospital or institution, give its NAME instead of street and number)	d
Length of residence in city or town where d	eath occurred yrs mos	ds. How long in U.S. if of foreign birth?yrsmosds	s.
(a) Residence: No. 52 A	(Usual place of abode)	St., Ward. If nonresident give city or town and State	-
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	not
SEX / 4. COLOR OR, RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 / - 193 (Month) (Day) (Year)	
e. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I ettended deceased from	m
b. DATE OF BIRTH (month, day, and year)	2 motion 10-21-3	, 19 , to , 19 ; deeth is sel	ld
. AGE Yeers Months	Days If LESS than 1 dey,hrs.	to have occurred in the date stated above, et	-
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	21	Malure	-
9 tridustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1 au	- Llief	-
10. Date deceesed last worked et this occupetion (month end yeer)	11. Total time (yeers) spent In this occupetion	6 mg	
2. BIRTHPLACE (city or town)		Other Coutributary Causes of importence:	
13. NAME Ulufum	~		
14. BIRTHPLACE (city or town) (State or country)	***************************************	Name of operation	
15. MAIDEN NAME Rlies Ma	y Blizzand	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:	
16. BIRTHPLACE (city or town)	yland	Accident, sulcide, or homicide?	• •
17. INFORMANT Alse 76 (Address)	May Blygar	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL	Dogle 1 0/21,1934	Manner of injury	
19. UNDERTAKER (Address)	Slyford (mo	Vas disease or injury in any way related to occupation of deceased?	
10. FILED / 6/2/, 1921 7	(Coodwo	(Signed) W. C. Schmitte M. (Address) Wissen Clarke	D.
	2000101	, , , , , , , , , , , , , , , , , , , ,	

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Cerebral hemorrhage	July 5,1927	Peritonitis COT 2 AON	3 days ago
		3001 = 10.	
		have small to it with high work of it	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 ä ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97)
County Caruale	Registration Dist. No. 74.
Village or City Sykesicles	No Nexunguela Wate Non Ketaward
Length of residence in city or town where death occurredyrsOmo:	f death occurred in a hospital of institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Margie Ross	If U.S. Veteran specify WAR
(a) Residence: No. 1946 William (Usual place of abode)	USt, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Rue Le	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Man 8 1985 to October 4 1935
6. DATE OF BIRTH (month, day, and year) august 22, 1860	I last saw h. Le elive on Dela dex 4 C. 19 0 5 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 Pm.
75 / /2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	arleres chroses 726. 190
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town)	Other Contributary Causes of importance;
13. NAME Thomas & Roggs	
13. NAME Thomas D. Roggs 14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? X
15. MAIDEN NAME Lusau Wise	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Surau Mise 16. BIRTHPLACE (city or town). Museeo con (State or country) Vinguigea	Accident, suicide, or homicide?
17. INFORMANT Sarfietal records (Address) Syncewile nd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL O ONCOLO JULIA Date Oct 7, 19.3.	Manner of injury
19. UNDERTAKER Character States Source (Address) 36 13-17 Character Source	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Dell-4, 1935 Charel Well Registrar.	(Signed) Marie III. M. D. (Address) Aug Resouls Med

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

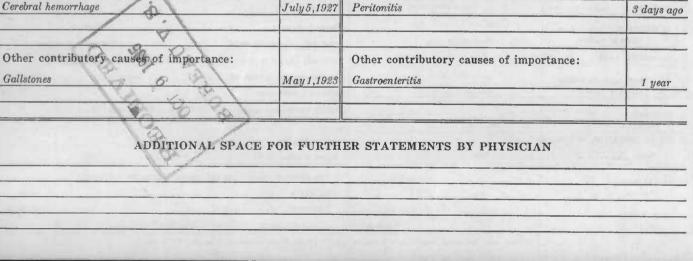
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	101,717
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year



1		A CONTRACTOR OF THE PARTY OF TH							
ment	,	Length of residence in city or town where 2. FULL NAME Beulah							
Exact statement				ce: No. 1	34	2 0	ar	'n	
ict	¢2	PERSONAL AND STATISTIC							
Еха	3.	SEX		4. COLO	R OR	RACE		5.	
		Fem	ale	0	ol	ore	à		
properly classified. ertificate.	5a.	If marria HUSBA (or) W	ND of	ed, or divo	rcad			-	
te.	_			month, day	, and	year)	À	p	
fica	7.	AGE	Yaa	rs		Months	5		
oroj erti]	16		5			
be 1	NOL	8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.							
may	OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc							
that it ons on	000	1	this occup	nd last wor pation (mor	nth an	4	mo	WC	
so cti	12.		LACE (cit	y or town). itry)		Ba:			
rms	ER	13. NAN	ME.			Edv	vai	d	
ain te See i	FATH			(city or to country)	wn)	Ba. Mai	lt:	ir.	
r pl	ER	15. MAI	DEN NA	ME		Sac	iie)	
EATH in important	MOTH			(city or to	wn)	Ba:			
N is very important. See instructs, Mother Father		INFDRM/	MIT	John Jenry			Ne Ma		
SE O	18.	BURIAL,	CREMAT	ION, OR R		AL C	0	r	
CAU	19.	UNDERT.	AKER//	ne	-/	Kar	tig	31	

					CERTIFICATE OF DEATH 10	1884
1	. PLACE OF DEAT		Mar		and Dronah	
	County Carro				Registration Dist. No. / **	
	Village or City_He	nryton,	Marylan	ad	No. (above) st., death occurred in a horpital or institution, give its NAME instead of street and no	Ward
		-		yrsOmos	9 ds. How long In U.S. if of foreign birth? yrs mos	ids
2	. FULL NAME	Beulah	Addie B	rown	WAR SERVICENon	е
	(a) Residence: No	342 Car	roll St (Usual place o		• 9 St./d • Ward. If nonresident give city or town and S	itate
	PERSONAL AN	D STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. :		r or race Colored	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH Oct., 25, 1935 (Month) (Day)	193
5a.	If married, widowed, or divo	rcad			22. I HEREBY CERTIFY, That Jattanded d	
	(or) WIFE of	-		nel geta Jin	Oct., 10, 193519 to Oct., 25,	
6. 1	DATE OF BIRTH (month, day	and vear) A	pril 28	. 1919	00 00+ 95 10%5	death is said
_	AGE Yaars	Months	Days	If LESS than	to have occurred on the data stated above, at	
	16	5	27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	D. A. of control
Z	9 Trade profession or particular				Pulmonary Tuberculosis	Date of onset
TIO	SAWYER, BOOKKEE	PER, etc	Schola	r		
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At School					April
OCCUPATION	10. Data daceasad last wor this occupation (more year)		11. Total tin	na (yaars) t in thisUnkno pation	vn.	1935
12.	BIRTHPLACE (city or town) (Stata or country)	Balti Maryl			Dther Contributory Canses of importanca:	
ER	13. NAME	Edwar	a Brown			
FATHER	14. BIRTHPLACE (city or to (State or country)	wm) Balti Marvl	more and		Name of operation Data of What test confirmed diagnosis? Was there an ex-	No.
ER	15. MAIDEN NAME	Sadie	Wilkes		23. If daath was dua to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or to (Stata or country)	wn) Balti Maryl			Accident, suicide, or homicide? Data of Injury Where did injury occur? = = = =	
17.	17. INFDRMANT John E. O'Neill, M. D. (Address) Henryton, Maryland.				(Specify city or town, county and State Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATION, OR R	EMOVAL &	270/2	29 ,1933	Manner of Injury	
19.	UNDERTAKER MAR. (Addrass) 12	n. Katie	Rellie	llians	24. Was disease or Injury In any way related to occupation of decaased? N	0
20.	FILED 10/25/3	o The	ill 60	Hieres	(Signed) Thursday New	U. M. E

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Loca

V. S. No. 1

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis NOV 5 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage BUREAU V	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	Same
Gallstones	May 1,1923	Gastroenteritis	1 year
		- W	
	A VITAL		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF			OF MAR	YLAND—	CERTIFICATE OF DEATH	0885
County_C		ll Sykesvi	lle		Registration Dist. No. No. Springfield State Hospital	۲∠ Ward
Length of rasio	dence In cit	y or town whara o	death occurrad	30 _{yrs} 0 (1)	f death occurred in a hospital or institution, give its NAME instead of street and its death of the death of the death of the death of the death occurred in the death of the death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in a hospital or institution, give its NAME instead of street and its death occurred in the d	number)
2. FULL NAM	WE He	enry Bu			If U.S. Veteran specify WAR	
			(Usual place	of abode)	Bs. Itimowan, Md. If nonresident give city or town and	State
			CAL PART		MEDICAL CERTIFICATE OF DEATH	
. Male	Whj		s. single, mai or pivorci Singl	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH October 19, 1935 (Month) (Day)	, 193
5a. If married, widows HUSBAND of (or) WIFE of	od, or divor	ingle			22. I HEREBY CERTIFY. Thet lattended Bebruary, 1034 . Oct. 19,	
6. DATE OF BIRTH (month, day,	and year) Un	known, U	nknown,18	The state of the s	: daath is said
7. AGE Yaar		Months	Days	If LESS than	to have occurred on the data stated above, at 12:15 ma. m.	
60 y	ears	Unk.	Unk.	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profess	8. Trade, profession, or particular kind of work dona, as SPINNERBaker SAWYER, BDDKKEEPER, etc.				Chronic valvular heart	Date of onset
SAWYER,	usiness In	which				bout
SAW MILL	done, as Si L, BANK, at	LK MILL, Ba	king		H	eb.,
10. Date decease this occup	d last work	ted et th and DWN	II. Total	time (years) ent in this upation Unknow		934
12. BIRTHPLACE (city (State or count	y or town) try) Ma	Unknow aryland	n		Dihar Centributary Canses of Importance:Edemaoflungs	0/16/3
13. NAME Ma:	rtin	Burke				
14. BIRTHPLACE (State or		Unkno German			Name of operation. None Dete of What test confirmed diagnosis? al examination Was there an a	utogov? NO
15. MAIDEN NAN	ME EII	la Bell	harriso	n	23. If death was due to external ceuses (VIOLENCE) fill in also the following	
15. MAIDEN NAN 16. BIRTHPLACE (State or	(city or toy country)	Unkn Germany	own		Accidant, suicide, or homicide? Date of injury	
17. INFORMANT SD:		field S	tate Ho	spital)	(Specify city or town, county and State Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
19. BURIAL, CREMATI	19. BURIAL, CREMATION, OR REMOVAL DEW-Date Oct 2/ ,1935			21,1935	Menner of injury	
19. UNDERTAKER (Addrass)	Sa	Me. C	ore	WLL.	24. Was disease or injury In any way related to occupation of deceased?	10
20. FILED Del	19,19	35 W	Vany.	Heev Registrar.	(Signad) And X + Action (Addrass) Applearille - Mid	M. D.
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Balifmore, Requesting V. S. No. 1.	Hosh

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9.—The industry or business in which the work was done 61 10.—The month and year the deceased last worked at the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-----------	---------	------------	----	-----------

VT RI RD. Every item of infor-	LY. PHYSICIANS should state	. Exact statement of OCCUPA-	
IS A PERMANEN	stated EXACTI	properly classified.	certificate.
B.—WRITE PL. LY, WITH UNFADING INK-THIS IS A PERMANENT RI RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
B.—W	ma	CA	/ TI

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		(82-20)	
County Carroll		Registration Dist. No. 6	
Village or City Sandyville		No. St., Wai	rd
· · · · · · · · · · · · · · · · · · ·		f death occurred in a hospital or institution, give its NAME instead of street and number)	4.
		sds. How long in U.S. If of foreign birth?yrsmosd	35.
2. FULL NAME Lewis Winfie	ld Caple		
(a) Residence: No. (Usual plan	e of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	_
OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October 29 1935	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Alice (22. I HEREBY CERTIFY, That I etlended deceased from Cerafrage 27, 19.35, to Certification 29, 19.35	T.
6. DATE OF BIRTH (month, day, and year) NOV . 7	1852	I lest saw have alive on Oef: 28 7, 1936; death is se	eld
7. AGE Yeers Months Days	If LESS than I day,hrs.	to have occurred on the date stated above, et. 2.9m.	
82 11 22	ormin.	were as follows:	ėt
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Maryland	time (years) pentin this prupation	Other Contributory Causes of Importance: arteria - Asterias - Asterias	
	ple		5-
13. NAME William Henry Ca 14. BIRTHPLACE (city or town) Maryland		Name of operation. Date of Date of Whet test confirmed diegnosis? Classical Was there an au'opsy?	
置 15. MAIOEN NAME Angela LaMott	e	23. If death was due to externel causes (VIOLENCE) fill in also the following:	JA
15. MAIOEN NAME Angela LaMott 16. BIRTHPLACE (city or town) (State or country) Maryland		Accident, suicide, or homicide?	
17. INFORMANT Guy W. Caple (Address) Sandvville.		Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Sandyvilla Date O	t. 31,19.35	Manner of Injury	
19. UNDERTAKER J. Francis Re (Address) Westminster,		24. Was disease or injury in any wey releted to occupation of deceased? 3.0	. D.
20. FILEO	Registrar.	(Address) Westershirt under	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial newhritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HOV 5 1935			
Other contributory chuse this haportance: S.	ا	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10887
1. PLACE OF DEATH	92.00
County Survell	Registration Dist. No.
Village or City of estimuster	Md No. (Survall to Monitation, Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Leunder Layson	\mathcal{O}
(a) Residence: No. (Usual place of abode)	St., Ward. Nr. 10 y DYSYLLE If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (who the word) 5a. if married, widowed, or divorced	21. DATE OF DEATH 25 , 193 6 (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 9. /7-/932 1974 to 10-25- 1985
6. DATE OF BIRTH (month, day, and year) Sent 26. 1858	I last saw have alive on 10- 24, 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 A m.
77 0 29 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Latorev .	Outrain Land desease: No.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Chan
10. Date deceased last worked at this occupation (month and year) spent in this 40 occupation	mone endocardetise Cwt-R.
12. BIRTHPLACE (city of town) Larroll Co. (Stete or country) Maryland.	Other Contributery Causes of importance: Leaves of importance: 12 Ru
13. NAME Stevens Curson	
13. NAME Stary & Custon 14. BIRTHPLACE (city or town) Alutonown (State or country)	Name of operation
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
2 (State or country) Myrnom. 17. INFORMANT Dunkert. (Address)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Sether Centy Date Oct. 26, 1935	Manner of injury
19. UNDERTAKER L - M. Hufty Mul.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED / 2V, 192V Clear de Registrar.	(Signed) The force M. D) (Address) The same sursten me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	imple I	1 11 000	Example II			
The principal cause of deatl of importance were as follow	n and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy			
Chronic interstitial nephritis	1134 11 12	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BI REAU Y	July 5,1927	Peritonitis	3 days ago		
Other contributory causes o	f importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Covall	Registration Dist. No. 7/
Village or City Unantown	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Sarah B. Cram	ae_
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad	
(or) WIFE of U. Frant Ocouse	22. I HEREBY CERTIFY. That I attanded dacassed from Mar - 1935 to /0 - 30 - 1935
n dn.	1
6. DATE OF BIRTH (month, day, and year) 2 / 2 / 8 / 2 / 2	last saw hard alive on 10 = 30 - ,193 5; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the data stated above, at 1/2-Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 6 10 18 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	- F
SAWYER, BOOKKEEPER, etc.	Jarenoma /2 ms
work was done, as SILK MILL, SAW MILL, BANK, atc	Breast
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation.	whare
The Morrish too Man	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	, , , ,
	motostases general
14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Challenge country)	
4. BIRTHPLACE (city or town) (Stata or country)	Name of operation
1 (State of County)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME TOWNS Seaucio Bregar	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT MURS ORDY OROWS	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Lupideran umontown Data Mar 12 , 1935	Natura of injury
19. UNDERTAKER OD AUSAN	24. Was diseasa or injury in any way ralated to occupation of dacaesad?
(Addrass) Sancutum M.	If so, specify
20. FILED Ct. 21, 1935 Mangaret R. Englas	(Signad) M. D.

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E	xample 1	1	Example 11			
The principal cause of des of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	100 man gree Con 5 24 E	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	ME COLIF TO	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	HOV 6 1005	July 5,1927	Peritonitis	3 days ago		
	BUREAU V.					
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	E PL ALY, WITH UNFADING INK-THIS IS A PERMANENTRY RD. Every item	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	OF DEATH in plain terms, so that it may be properly classified. Exact statement of C	
MARGIN RESERVED FOR BINDING	ERMANEN	EXACTL	classified.	4
FOR I	SISAP	stated	properly	contificat
SERVED	NK-THIS	should be	it may be	n hook of
GIN RES	ADING II	ed. AGE	s, so that	viotione o
MARC	TH UNF.	lly supplie	olain term	Soo inet
-	LY, W	be carefu	EATH in 1	e vary important Sao instructions on book of cortificate
	E PL	plnods	OFD	VADY 2

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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred vrs mos 2. FULL NAME (a) Residence: No. Ward If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (tweite the word) (Month) (Day) (Year) 5a. If married, widowed or divorced HUSBAND of 22 I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 35 6. DATE OF BIRTH (month, day, and wear) 7. AGE If LESS than Months Davs to have occurred on the date stated above, at ______m. 1 dayhrs. The PRINCIPAL CAUSE OF BEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc., 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation... 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diegnosis?_____ Was there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR Manner of injury Nature of injury 24. Was disease or Injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) 20. FILED ... Registre (Address)

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Chronic interstitial nephritis	1921	Run over by street car CAON	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis 3001	3 days ago		
		197017016			
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MULEAU V. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			*
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	- M.D.
County Carroll	Registration Dist. No.
Village of City ON estrainster Route	No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ellsworth I san	e Gardner
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Name of the word o	
5a. If married, widowed, or divorced HUSBAND of Jama B. Gardner (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Pugust 5, 1935, to October 14, 1935
6. DATE OF BIRTH (month, dey, and yeer) gan 27 - 1865	I last saw h alive on C C Labe 1 4, 19 3 b; death is said to have occurred on the date steted above, at 8 5 Cm.
7. AGE Years Months Days If LESS than 1 day,t	
R Trade, profession, or particular kind of work done, as SPINNER, Carpenter SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month end spent in this securation).	Browle pulmain 10-13-3
this occupation (month end spant in this occupation 12. BIRTHPLACE (city or town) Baltioned (State or country) manual and	Other Contributory Causes of importance: 8-5-3
II 13. NAME Desar & Gardner	•
14. BIRTHPLACE (city or town) (State or country) England	Name of operation Date of Date of What test confirmed diagnosis? Clinical Superflowers there an autopsy?
15. MAIDEN NAME maly Smith	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME muly Smith 16. BIRTHPLACE (city or town). Baltamae (State or country) mayland	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Laura B. Gardner (Address) Westminute Route 4	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Armall on tod Date Oct 17, 193	Manner of Injury
19. UNDERTAKER If arrey Bankard (Address) Mestrolande md	24. Wes disease or injury In any way related to occupation of deceased? Af so, specify
20. FILED 7/6, 19 31 Accessor	(Signed) Cliffer Oly. Carlos M.D. M.D. (Address) Cololins La Must Must

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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L	U	0	J	4

1./	PLACE O	F DEA	тн			107-0
/	County_C					Registration Dist. No.
1	Village or C	ity Sy	kesvill	e Sprin	ngfield	Stat No. Hospital St., Ward
						(If death occurred in a hospital or institution, give its NAME instead of street and number) _mos
2.	FULL NA	ME I	da Eliz	abeth	Gardner	
	(a) Residen	ce: No	2206 Ma			• Md •St., Ward.
	DEDGG				e of abode)	If nonresident give city or town and State
3. SEX			D STATIST			MEDICAL CERTIFICATE OF DEATH
	male	and the second	r or race ite	OR DIVORC	RRIED, WIDOW ED (write the wo	
	married, widow	red, or divo	rced			
(or) WIFE of					July 31, 1935, to October 9, 1935
6. DA	TE OF BIRTH	(month, day	y, and year) U	ly 31,	1861	Hest saw her alive on October 8, 1935 death is said
7. AGE	E Yea	ırs	Months *	Days	If LESS t	The state of the date of the date of the state of the sta
7	5		2	9	1 day, mi	I THE EXINCIPAL CAUSE OF DEATH AND FRINTER CAUSES OF IMPORTANCE
0	9. Industry or work we:	work done, BOOKKEE business in	as SPINNER, N PER, etc. N which SILK MILL.	o occur	ation	eneral arteriosclerosis unk.
0 10	Date deceas	ed last wor pation (mo	ked at	11. Total sp oc	time (years) ent in this cupation	
12. B1	RTHPLACE (ci	ty or town) ntry)	Baltim	ore, Mo	L .	Other Coutributory Causes of Importance: Proncho-pneumonia 10.4.35
当 13	B. NAME JO	siah	J. Gar	dner		
FATHER 14	, BIRTHPLACE (State or		wn) Balti	more, N	ld.	Neme of operation What test confirmed diagnosis? Physical Was there an eulopsy? NO
置 15	. MAIDEN NA	MEMar	y Eliza	beth Ri	all	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
nin	6. BIRTHPLACE		wn) Balt			Accident, suicide, or homicide? Date of injury,19
	(Address) S	vkes	record,	S.S.Ho	sp.,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BU	Place T	ion, or r	Fork.	Date 9 Cd	ll ,19	Manner of injury
19. UN	DERTAKER (Address)	Har	My HG	Witsk	any	24. Was disease or injury in any way related to occupation of deceased? NO
20. FIL	ELLY	Z, 1	.35 Cb	Harry	Registry	(Signed) form L. Welled M.D.

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Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
GOL 34 1882	1		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA-

2. PLACE OF DEATH County. Village or City. Annual County of the work of the county	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10893
Village or City. Manual Leagth of residence in City of town where distin occurred in a hospital or residence, give in NAME intered of street and number) Leagth of residence in City of town where distin occurred in a hospital or residence, give in NAME intered of street and number) 2. FULL NAME A. COLOR of RACE PERSONAL AND STATISTICAL PARTICULARS 2. SEK 4. COLOR OF RACE 5. IN STATISTICAL PARTICULARS 2. SEK 4. COLOR OF RACE 5. SENDLE, MARRIED 6. DATE OF DEATH 6. DATE OF DEATH 6. DATE OF DEATH 7. AGE 8. AGA	1. PLACE OF DEATH	
Length of residence in city of town where dight occurred / 2 yyy	County Cassotta	Registration Dist. No. 75
Length of residence in city or town where dight occurred A yes	Village or City Manalester	
(a) Residence: NO. (Usualplace of abods) PERSONAL AND STATISTICAL PARTICULARS 3,86K 4. COLOR OF RACE SINCE MARRIED, WIDOWED OF DIVORCED (erric the week) 56. If married, wistoweyl or divorced with the week of the week		
PERSONAL AND STATISTICAL PARTICULARS SINCLE MARRIED, WIDOWED REDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended decessed from (Nonth) (193) (193) 8. DATE OF BERTH (month, day, and year) 7. AGE 8. Trede, profession, or particular 9. Industry or Dusdress in which work was done as SILK MILL, 9. Industry or Dusdress in which work was done as SILK MILL, 10. Date decessed last worked at 10. Date decessed l	2. FULL NAME Surale 6, Hours	w.
PERSONAL AND STATISTICAL PARTICULARS 3,85K 4. COLOR & RACE 5. SINGLE, MARRIED, WIDOWED, Own the words 56. HI married, widowys, or divorced (co) Wilfe of Control of Warried (co) Warried (
3, SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, TOWNS AND THE SERVING OF MARKED CONTROL CONT		
So. If married, widowers, or divorced hereafter the words (Month) (Diff) (Year) 50. If married, widowers, or divorced hereafter (Month) (Diff) (Year) 50. If E BY C E R I FY. That I attended deceased from the second of the se		
Second Comment Seco		
(cr) WIFE of January (Constitution of Constitution of Constitu	5e. If married, widowyd, or divorced	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS then 1 dey		1001
Total time (years) Total t	6. DATE OF BIRTH (month, day, and year) Same 1 - 1877	6 00 1 22
Stee or country		to have occurred on the dete stated above, at \$20\$\mathcal{G}_{\text{m}}\$m.
8. Trede, profession, or particular family of wind more as SPINNER SAWYER, BOOKREFER, etc. 9. Industry or business in which work was done, as SILK MILL, SASW MILL BARK, etc. 10. Date deceased last worked at this security of the security	3-8 9 2 1 dey,hrs.	ware as fallows:
Dithor Contributory Canses of Importance: engage and Importance: eng	8 Trade profession or particular	
Dithor Contributory Canses of Importance: engage and Importance: eng	SAWYER, BOOKKEEPER, etc.	1 100-
Dithor Contributory Canses of Importance: engage and Importance: eng	9. Industry or business in which work was done, as SULK MILL,	forficerna y histories
Dithor Contributory Canses of Importance: engage and Importance: eng	10. Date deceased last worked et 11. Total time (yeers)	Chyfelion of Blood
12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city-or town) 3. Cellar from 15. Maioen Name 15. Maioen Name 16. BIRTHPLACE (city or town) 3. Cellar from 16. BI		7
(State or country) 13. NAME Tell and	12 DIRTHIN ACE (situations) 200 01	Dther Contributory Canses of Importance: engrefelas.
What test confirmed diagnosis? Was there en autopsy? 15. MAIOEN Name: 16. BIRTHPLACE (city or town) Collection R. (Stete or bountry) Marchand r. (Stete or bountry) Marchand r. 17. INFORMANT Annual R. (Address) Manual Male Name of injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manual Manua		
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What test confirmed diagnosis? Was there en autopsy? 15. MAIOEN Name: 16. BIRTHPLACE (city or town) Collection R. (Stete or bountry) Marchand r. (Stete or bountry) Marchand r. 17. INFORMANT Annual R. (Address) Manual Male Name of injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manual Manua	I 14 DIDTUDI ACE (ally or found) BOOK - L	Name of operation
15. MAIOEN NAME 2. A titeling 23. If deeth wes due to externel causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Cally 100 ft. (Stete or bountry) Mary Carrol. 17. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMDVAL Manner of injury Place Manual Manner of injury 19. UNDERTAKER (Cacol Wings Down (Address) Manual State) 24. Wes disease or injury in any way related to occupation of deceased? No. (Signed) Again Man Open M	(Stete or country)	
17. INFORMANT (Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place Manuel Date 19. UNDERTAKER (Address) (Address) (Addres	15. MAIDEN NAME TO LE E. Writch many	• 4
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) M. D.	5 16 RIRTHPLACE (FIX OF LOWER DOLLAR TO THE	
17. INFORMANT Connects of The	E (Stete or country) Maryland,	
18. BURIAL, CREMATION, OR REMOVAL Place Manuel Control of Control		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place MS CAN CANALLA Date 10 - 10, 1938 Neture of injury 19. UNDERTAKER Gac SU Which Sow (Address) Manualusta Mg 16 so, specify (Signed) Land Manualusta M. D. (Signed) Land M. D. M. D.		Manner of injury
19. UNDERTAKER Gacol Write's Down 24. Wes disease or injury in eny way releted to occupation of deceased? No: (Address) mandusta Ind if so, specify (Signed) Lagran M. D. Justy M. D.	Place Man chestule Oate 10-10, 1938	
20 FILEO Oct. 9 , 1235 7010. F. R. S. Denner (Signed) Edgard Mil Djusty M.D.	19. UNDERTAKER Jacol Wrink's Daw,	
20 FILEO CCC 1 , 1935 TO 12 . T. J. WWW.	(Address) / mandrester mg	if so, specify
	20 FILEO Oct. 9 , 1935 Mrs. Jr. J. S. Denner Registrar.	(Signed) (Address) (Addres

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	E I
The principal cause of importance were	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1935	1915	Attack of epilepsy	1 week ago
Chronie interstitial nei	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
· L				
Other contributory of	auses of importance:	200	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

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Jo

statement

Exact

certificate.

Jo

See instructions on back

stated EXACTLY. IS A PERMANE VI FOR BINDING classified. properly MARGIN RESERVED AGE should be AUSE OF DEATH in plain terms, so that it may TION is very important.

mation should be carefully supplied.

V. S. No. 1 N. B.

-	. PLACE OF	DEATH			82-0)	
	County	Carroll			Registration Dist. No.	4
	Village or City_	Sykesvil	le, Md.		No. Spring field State Hosstital death occurred in a hospital or institution, give its NAME instead of street and m	War
	Length of residence	ce in city or town where	deeth occurred	(If Q_yrs_2mos	death occurred in a hospital or institution, give its NAME instead of street and many death of the death of the death of the land of the death of th	umber)
2	. FULL NAME	William	Henry Ha	arms	If U. S. Veteran, specify WAR	
				Baltin	norse,, Md. Ward. If nonresident give city or town and	State
	PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3, 5	Male 4.	White	OR DIVORCE	RIED, WIDOWED. O (write the word) Tried	21. DATE OF DEATH October 27 (Month) (Day)	, 193 <u>5</u>
5e.	If merried, widowed, HUSBAND of		- Against	I FULL		
	1> MIEE -1	Anna Helml	е		22. I HEREBY CERTIFY, Thet I ettended	
				1000	July 31, , 1935, to Oct. 27, 1935	
_	DATE OF BIRTH (mor	Months	ec. 28,	1879	to have occurred on the date steted above, et 2:18. A.	; death is sa
	55	5 9	29	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance were as follows:	Data of onse
OCCUPATION	8. Trade, profession kind of work SAWYER, BO	n, or particuler done, es SPINNER, OKKEEPER, etc	Barber		General Arteriosclerosis Un	k.
PAT	9. Industry or busi	ness in which				
CO		ne, as SILK MILL, BANK, etc	11 T-A-1A	me (years)		
ŏ	this occupetion	est worked et on (month and 7-31	-35 sper	tin this	ars	
				pation	Other Contributory Causes of Importance:	
12.	(Stete or country)		imore,		Cerebral Hemorrhage 10-2	
2	13. NAME	William	231.34.8	C	7.235.	Palla.
FATHER	IA RIDTUDI ACE (ei	ty or town)Ba			Neme of operation Dete of	
F	(Stete or cou		Md.	9	Whet test confirmed diagnosis? Phys Symp . Wes there en a	utonew? No
ER	15. MAIDEN NAME	Helen Yo	ung		23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following	
MOTHER	16, BIRTHPLACE (cit	ty or town)OXI	ord.		Accident, suicide, or homicide? Oate of injury	
×	(State or cou		enn.		Where did Injury occur?	
17.		ospital Re	cords,	Md .	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18.	BURIAL, CREMATION		2 0		Menner of Injury	
	Plece / Dal	anou Com	9. Oete	30, 1975	Neture of Injury	
19.	UNOERTAKER E	lives to	Douge	La ma	24. Was disease or injury In eny way releted to occupation of deceased?N	0
	(Address) 5	7729	gu si	- (Escue nie	If so, specify	***
20.	FILEDAM. 2,	1935	rany	New Registrar.	(Signed) John L. Willewille, Me	М.
				Acgistrat.	Changes A. W. Thoratt and Track Track	

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Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage July 5, 1927	Peritonitis	3 days ago
1 6	•	
Other contributory causes of importance:	Other contributory causes of importance:	100
Gallstones May 1,1923	Gastroenteritis	1 year
	•	
		11

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

portance:

1 year

	state UPA-
M	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	NS s
	Eve ICIA.
	ORD HYSI t sta
A	REC. P. Exac
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MARGIN RESERVED FOR BINDING	SA I
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RE	NG AGE that
GIN	ADI ed. 18, 80 truct
IAR	UNI uppli tern e ins
-	ITH illy s plain
	K, W arefu H in rtant
	be c EAT
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E. CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.
	ITE on sh SE (
.1	-WR matic CAU

1. PLACE OF DEATH	. 0	92-0			
County Carro	el.	Registration Dist. No.			
war VI +	PA	Nogistiution Dist. No.	\M		
Village or City / Leau	accept 11 RV	f death occurred in a hospital or institution, give its NAME instead of street and nu	umber)		
Langth of rasidence in city or town	nywhere daath occurredyrsmos	s7 ds. How long in U.S. If of foreign birth?yrsmos.	d		
2. FULL NAME COM	vie Trolly	V.			
(a) Residence: No. Hes	turisestello R D	St., Ward. Lived there If nonresident give city or town and S	Sate		
PERSONAL AND STA	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
4. COLOR OR RA Ferrale Whit	ACE 5. StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	1933 J		
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	wown	1 HEREBY CERTIFY, That Lattended de			
6. DATE OF BIRTH (month, day, and yea	Jel 18-1849.	Hastraw h. W. alive on A. A. 1955:	death is sai		
	onths Days If LESS than	to have occurred on the date stated above, at 1.30 A.m.	30		
8/	7 / 3 , 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
8. Trede, profession, or particular	ormin.	were as follows:	Date of onse		
kind of work done, as SPINN SAWYER, BODKKEEPER, etc. 9. Industry or business In which work was done, as SILK MIL SAW MILL, BANK, etc	NER, Housework	net al bacous	P		
9. Industry or business in which	1 0 .	(No est)	mullan		
work was done, as SILK MIL SAW MILL, BANK, etc.	· Unknown				
10. Date deceased last worked et this occupation (month and year)	11. Total time (yeers) spent in this occupation				
12. BIRTHPLACE (city or town)	MINTONIN-	Other Contributory Causes of Importance:			
(State or country)	a i nes.	a desal delatation			
13. NAME Charles	v. Burke.	Je Jeny	>de		
13. NAME & Tracks 14. BIRTHPLACE (city or town)		Name of operation Date of			
(State of country)	Treland.	What test confirmed diegnosis? Was there an au	topsy?		
15. MAIDEN NAME	a tartley,	23. If death we's due to external ceuses (VIOLENCE) fill in also the following:			
16. BIRTHPLACE (city or town)	Kuladelplus	Accident, suicide, or homicide? Date of injury	, 19		
(State or country)	94	Where did Injury occur?			
17. INFORMANT My Cycle (Address) Nesture	ter It Troffmain	Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLAC	CE.		
18. BURNEY ON THE REMOVAL	11 Pa Balisti 20	Menner of Injury			
THE CO.	Date 1 , 1995	Neture of injury			
19. UNDERTAKER LAUL N.	Harleuslogy	24. Was disease or injury in any wey ralated to occupation of deceased?			
(Address) New Mr	manu va.	V so, specify A A A A A A A A A A A A A A A A A A A			
20. FILED	yoursowon	(Signed)	M.		
	Registrar.	(Address)			

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Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of of importance were as follows:		
Arteriosclerosis ST	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 5 1935	July 5,1927	Peritonitis	3 days ago	
MINEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TADDATIONS	DI AUA	T. OIL	T. OTTTTTTT	DIVITALINA	17 1	TITIOTOTOTAL

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PHYSICIANS should state

of OCCUPA-

Exact statement

certificate.

See instructions on back of

y important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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- 7	-6.3	×	1	25
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PLACE OF	DEATH			(50%)	
County	Carrol	1	••••	Registration Dist. No.	
			(1	It anbry MDd St.,	Ward
				Jibacaaaalii	/sus.
		Harris	ville,Md.	St., Ward.	State
PERSON	AL AND STAT	ISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male	White	OR DIVOR	RCED (write the word)	21. DATE OF DEATH October, 17,	, 193 5. (Year)
f merried, widowe HUSBAND of (or) WIFE of	ed, or divorced				
ATE OF BIRTH (month, day, and year)	1919-5-	5.	! last saw h im aliva on Oct 17, 1935	: death is said
		Days	If LESS than I day,hrs.	to have occurred on the date stated above, at	
kind of w SAWYER, 9. Industry or b Work was SAW MILI	sion, or particular ork done, as SPINNEI BOOKKEEPER, etc ousinass in which done, es SILK MILL, L, BANK, etc	, Non	e	Pituitary Tumor (moture suno	Oate of onset
year)	y or town) Ca.	rroll Co	spent In this	Other Contributory Causes of importance: Cerebral appoplexy	19/12/35
	(city or town) Ca	rroll Co Marylan	. d .	Neme of operation	utoney? no
16. BIRTHPLACE	(city or town) Ca	rroll Co		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	:
(Address) BURIAL, CREMATI	R.F.DM	t.Airy,M		Spacity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
PINDERTAKER (Address)	6.7	n. Wals	ider	Nature of injury	
	County Village or 6 Length of residence FULL NAI (a) Residence PERSON EX Male f merried, widow HUSBAND of (or) WIFE of ATE OF BIRTH (GE SAWYER, 9. Industry or the work was SAW MILL 10. Date decease this occup year) SIRTHPLACE (city (State or coun 13. NAME 14. BIRTHPLACE (State or 15. MAIDEN NAM 16. BIRTHPLACE (State or NFORMANT (Address) FURIAL, CREMATI PLACE (Address)	County Carrol Village or city Harri Length of residenca in city or town was full NAME Merto (a) Residence: No. PERSONAL AND STATEX 4. COLOR OR RACI Male White f merried, widowed, or divorced HUSBAND of (or) WIFE of ATE OF BIRTH (month, day, and year) GE Years Month SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SPINNE SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest workad at this occupetion (month and year) MITHPLACE (city or town) (State or country) MIS MAIDEN NAME VIOLA (State or country) NEORMANT Archie C. (Address) R.F.D.—M FURIAL, CREMATION, OR REMOVAL PIOLATION	County Carroll Village or City Harrisville, - Length of residence in city or town where death occurred. FULL NAME Merton Claud: (a) Residence: No. Harriss (Usual p) PERSONAL AND STATISTICAL PAFEX 4. COLOR OR RACE OR DIVOID Male White f merried, widowed, or divorced HUSBAND of (or) WIFE of ATE OF BIRTH (month, day, and year) 1919-5- GE Years Months Days 16 5 12 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupetion (month and year) SIRTHPLACE (city or town) Carroll Co (State or country) Maryland 13. NAME Archie C. Hood, (State or country) Maryland 14. BIRTHPLACE (city or town) Carroll Co (State or country) Maryland 15. MAIDEN NAME Viola R. Owing 16. BIRTHPLACE (city or town) Carroll Co (State or country) Maryland 17. Maryland 18. MAIDEN NAME Viola R. Owing 18. MAIDEN NAME Viola R. Owing 18. MAIDEN NAME Viola R. Owing 19. Maryland 19.	County Carroll Village or City Harrisville,R.F.D. M Length of residenca in city or town where dash occurred 16. yrs	County. Carroll Village or Gity Harrisville,R. F. D. Mt. AMDry, N. d. Langth of residence in city or town where death occurred. 16. yrs

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

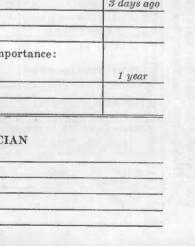
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory lauses of importance	T	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TANK A A A A CO A TANK	DI LIVE	TOYE	T. O YOU TITITIE	PATE ATTAINED TO THE PARTY OF T	10 1	T II I DI UIAN



N. B.-WRITE PL.

(Address)

20. FILED Nov.

1. PLACE OF DEATH			
County Carroll,	,	Registration Dist. No.	2
Village or City Neor Mix	aira	N.	14/
Vinage of Oity		NOSt., f death occurred in a hospital or institution, give its NAME instead of street and	wumber)
Length of residence in city or town where deeth occu	rred yrs,mo	s ds. How long in U.S. If of foreign birth?	nosd
2. FULL NAME Baley	Que of	uley	
(a) Residence: No.		St., Ward.	
	ual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL F		MEDICAL CERTIFICATE OF DEATH	
	LE, MARRIED, WIDOWED, OVORCED (write the word)	21. DATE OF DEATH	
1 while	Supoul	(Month) (Day)	(Year)
5a. If merried, widowed, or divorced HUSBAND of	7	22. I HEREBY CERTIFY. That Lattender	
(or) WIFE of		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	311935	l last saw h alive on	
	Days If LESS then	to have occurred on the date stated above, atm.	, ueotii 15 50
0 0	1) 1 dey, Q hrs.	The PRINCIPAL CAUSE OF DEATH and releted couses of importance	
8. Trade, profession, or particular	or_O_min.	Premature delivery -	Date of ons
kind of work done, es SPINNER.	eul	41/2 Mouchs	
9. Industry or business in which work was done, as SILK MILL,			*********
SAW MILL, BANK, etc	I. Trank Almondonous	-	
this occupation (month and year)	I. Total time (yeers) spent in this occupation		
nex and	ma D	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)	1	•	
	1		
13. NAME (). OLIVER IN 14. BIRTHPLACE (city or town)	uncy	(1)	
14. BIRTHPLACE (city or town) (State or country)	reglation	Name of operation	91
	A. a.d.	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME C, Irabel	vokacason	23. If deeth was due to externel couses (VIOLENCE) fill in elso the following	g:
16. BIRTHPLACE (city or town)	yland	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	1 0	Where did injury occur? (Specify city or town, county and Sta	ite)
17. INFORMANT La Olever	July	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PI	ACE.
(Address) MM Clark 18. BURIAL, CREMATION, DR REMOVAL	ry mon		
Place Date Date		Manner of Injury	
2 0	1	Neture of Injury	
19 DIDENTAKED Jaccily d	isposal	24. Was disease or Injury In any way related to occupation of deceased?	

Registrar.

If so, specify

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: DEC 6 1909 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis Talle All V C	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN	ĺ
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B.—WRITE

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

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II.	U	()	J	0

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County Carrall.	Registration Dist. No. 70
Village or City or Keysville	NDSt,Wai
Langth of rasidanca in city or town where death occurredyrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosd
× 1 / 1 / 1 / 1	Aef If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOW OR DIVORCED (write the wo	
a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased Iro
. DATE OF BIRTH (month, day, and year) face - 2 , 192	I lest saw her alive on Oct - 20 1935 death is se
DATE OF BIRTH (month, day, and year)	
13 9- 18 1 day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	Date of ones
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Elirous mas cardilio 1930
kind of work done, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at	
10. Date deceased last worked at 11. Total time (years)	Chronic utterstellal 1939
this occupation (month and spant in this occupation occupation	Other Contributory Canses of Importance;
2. BIRTHPLACE (city or town)	Giller Vestributory Causes of Importance.
(State or country) Mengleund.	- Maema det
13. NAME & Dugg Moser	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Floury . Waleuting.	What tast confirmed diagnosis? Was there an autopsy?
	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
7. INFORMANY E. Lugg King (Address) / Lughman Mod	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Cysmile Mil Date 1 27, 19	Natura of injury
9. UNDERTAKER CALL COMPANY (Address)	24. Was disease or injury in any way related to occupation of decaased?
0. FILED Oct. 21, 1935 Mary B. 2116	(Signer) Lalaced Neller M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	L. P	Example II	
The principal cause of death and related causes of importance were as follows: NOV	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

4 yrs 8 mos. / 6 ds. How long In U.S. if of foreign birth? yrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Oav) I HEREBY CERTIFY. That | attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Oate of enset 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? (Signed)_____ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importances	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS BY	PHYSICIAN
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V. S. No. 1 N. B.—V

	for-	tate	PA.
M)	of in	s pli	CCU
	item	shor	0 Jo
	VENT'AL RD. Every item of infor-	TLY. PHYSICIANS should state	Exact statement of OCCUPA-
	RD.	IXSIC	state
	AN	PH	Exact
NG	ENT	TLY	fied.]
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STATE OF	MARY	LAND-C	ERTIFIC	ATE	OF	DEATH
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1	U	1	U	U

1. PLACE OF DEATH			Way at the second secon
County Carroll			Registration Dist. No.
,	arrollto	(1)	NoNoSt., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U. S. If of foreign birth?yrsmosds.
	e A. Lei		
(a) Residence: No.	(Usual place		St., Ward. If nonresident give eily or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCEI Marri	RIED, WIDOWED, O (write the word) Od	21. DATE OF DEATH October 25, 1935 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Br	ehm		22. I HEREBY CERTIFY, That I attended deceased from act 22 1935 to Oct 25 1935
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 74 11	Nov. 4,	1860 If LESS than I day,hrs.	I lest saw have alive on Oct 35, 1935; death is said to have occurred on the date stated above, at 9, 4, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	farmer	me (vears)	Parlimonury Embolism Cot 24"
12. BIRTHPLACE (city or town) (State or country) Mar	yland	nt in this pation	Other Centributery Causes of importance: Other Centributery Causes of importance: Oct. 21
Isiah Lei	ster		
	yland		Name of operation Date of Date of What test confirmed diagnosis? Classical Was there an au'opsy? \
	nsylvani		23. If death was due to external cluses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
(Address) Westmin: 18. BURIAL, CREMATION, OR REMOVAL Place Leister's Cem	orge A. ster, Md	•	Specify whether Injury occurred in NDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury
19. UNDERTAKER J. France (Address) Westmins 20. FILED 24, 197		9 In a f	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) C. Bullengele M. D. (Address) Weather and the second of t

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and relate of importance were as follows:	VEHI	The principal cause of death and related cause of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis NOV 5	1935 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MUREAU	V. 3.			
Other contributory causes of importance	e:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

WITH UNFADING INK-THIS

AGE should be

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10901

1. PLACE OF DEATH					(131)	
County Carroll					Registration Dist. No.	4
	city Sykesvi			()	eldio. State Hospital St., f death occurred in a hospital or institution, give its NAME instead of street and n s. 25ds. How long in U.S. If of foreign birth? yrs. mo	Ward
	ME Annie Ice: No. 3220 1		mood .	Ave. Balt	If U. S. Veteran, specify WAR	
BERSON	IAL AND STATE	CTICA	(Usual place		If nonresident give city or town and	State
3. SEX					MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Female	OR DIVORCED (qurite the word)			D (write the word)	October 27 (Month) (Day)	193 S (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Robert Mann					22. I HEREBY CERTIFY, That I attanded of Sept. 4 19 35 to October 2	
6. DATE OF BIRTH	(month, day, and year)	Octo	ber 3	1. 1255	liast saw her alive on October 27 ,19 35	
7. AGE Yes	nrs Months	s	Oeys	If LESS than	to have occurred on the data stated above, at 11:25 p.m.	
66 A	9 11		27	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importanca were as follows:	Oata of onset
8. Trada, profassion, or particular kind of work dona, as SPINNER. Housewife 9. Industry or Reiness in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Oate dacaased lest worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) North Carolina (State or country)					Chronic Nephritis Uremba 9- Other Contributory Causes of Importance: Aseptic Meningitis	UNK. -15-35
₩ 13. NAME	Di	llon				
	(city or town) Un	know	n		Name of operetion	
出 15. MAIDEN NA	ME Nancy				23. If daeth was dua to external causes (VIOLENCE) fill in elso the following	
15. MAIOEN NAME Nancy 16. BIRTHPLACE (city or town) Unknown (State or country) 17. INFORMANT HOSP. Records (Addrass) S.S.H. Sykesville, Md. 18. BUBIAL, CREMATION, OR REMOVAL Date G. 4. 35, 19.35				11d_	Accident, suicide, or homicide? Oete of injury Whara did injury occur? (Specify city or town, county and State Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	, 19
				,	Mannar of injury	
19. UNDERTAKER O RENOUS HOOM. (Address) 36 (5-17 Chestra few) 20. FILEO Selv. VS., 1935 Charly her				There	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed)	10. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORRECTION OF AGE OF DECEASED: Letter from Dr. Wethered filed in Bur au Vital Statistics, State Dept.Hedth. Balto.Md. November 29, 1935 - legal authorization for change. - LFL

TION is

V. S. No. 1

19. UNDERTAKER

(Address)

should state item of infor-

OCCUPA-

Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-a)
County Chrall.	Registration Dist. No. 26
Village or City N. Pleasant 1 VIL Length of residence in city or town where death occurred 7 yrs. mos	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Darry Slbula Mathas	chy.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (warite the word) Temple Temp	21. DATE OF DEATH CCF 13 1936 (Month) (Day) (Year)
5a. If married, willowed, or divorced HUSBAND of (or) WIFE of Non E. Matheway	22. CHEREBY CERTIFY. That I attended deceased from 1935, to Cert 12 1936
6. DATE OF BIRTH (month, day, and year) Cynub / 3 / 887 7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	I last saw h alive on 1975, death is said to have occurred on the date stated above, at 3 45 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	mitral trouffrency 1933
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Shrewsburg 'PL - (State or country)	Other Coutributory Causes of importance:
13. NAME an drew S. Wherley.	
14. BIRTHPLACE (city or town). (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Wm. 5. Mathias	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(Address) Hanna BSH 2 18. BURIAL, CREMATION, OR REMOVA)	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

lenner Registrar. If so, specify (Signed)

24. Was disease or injury in any way related to occupation of deceased?

(Address) Mar

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71	Example II		
1915	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory covers of importance		
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1 N. B.—

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	10903
1. PLACE OF DEATH		92-0	
County Carrell		Registration Dist. No.	<i>Y</i>
Village or City Lyke	alle.	No. The state of death, occurred in a horpital of institution, give its NAME instead o	Nor Charles
Length of rasidence in city or town whera dea	oth occurredyrsmos		
2. FULL NAME Matel	da lle le	wew If U.S. Veteran specify WAR.	1.
(a) Residence: No.	(Usual place of abode)	St., Ward. Whonresident give city of	or town and Nate
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
J. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day	2 , 193 5 (Yeer)
5a. If marriad, widowed, or divorced HUSBAND of Auchacon (or) WIFE of Auchacon] luc Kawen	1 HEREBY CERTIFY, Thet	1 10 -
6. DATE OF BIRTH (month, day, and year)	2000 1868	1 last saw hele aliva on Ottober 1/	, 19_05 _; death is sale
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1215-4-m.	
67 -	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Impo	Date of onesi
8. Trade, profassion, or particular			Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	uoue	Chramic Valardar Hear	1 1930
9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc	-	Assesse.	
SAW MILL, BANK, etc	11. Total tima (yeers)	aprice and Meles	L
this occupation (month and year)	spant in this	Jusuffeenby	
13.01		Other Contributory Cause of Importance:	
(State or country)	ugu		
1 11	A Comment		
13. NAME Thomas Aleyd	a verninguan	4	
14. BIRTHPLACE (city or town)	leaven!	Neme of operation	
(State of country)	C'A.	What test confirmed diagnosis?	
15. MAIDEN NAME Water Cles	o course	23. If death wes due to external causas (VIDLENCE) fill in also t	ha following:
15. MAIDEN NAME Wakey alex	elleusy	Accident, sulcide, or homicide? Date of in	jury, 19
(State or country)	y lawy	Whare did injury occur? (Specify city or town, co	unty and State)
17. INFORMANT Registral (Address)	Records -	Specify whether Injury occurred in INDUSTRY, in HOME, or In	
18 BURIAL CREMATION OR BENOVAL	Date Oct 1+ , 1933	Manner of Injury	
19. UNDERTAKER Gutter 1 (Address) 5 0 6 9111	ralstrom	24. Was diseese or injury In any way ralated to occupation of d	eceased?
11/12 2000	Lacres March	(Signed) May 1 Ul	eco M

Registrar.

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Example I	1		Example II	
The principal cause of death and related confirmed the follows: Arteriosclerosis	auses	Date of enset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis			Run over by street car	1 week ago
Cerebral hemorrhage	p	July 5, 1927	Peritonitis	3 days ago
	· .	3	()	
Other contributory causes of importance:		3/	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10904
1. PLACE OF DEATH	157.6
County, Carrall	Registration Dist. No.
Village of City Westwirtes Courte 7	No. 1 yrue St. Ward
(IF	death occurred in a depital or institution, give its NAME instead of street and number)
110/12 11	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Calle youne My	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RASE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
Peuple White OR DIVORCED (write the word)	(Month) (Dev) (Yeer)
5a. If married, widowed, or divorcad HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceesed from
6. DATE OF RIRTH (month dev and veer) 10 - 21 - 35	10-21- 1935, 10 10-22- 1935
7. AGE Years Months Days If LESS then	I lest sew NCS eliva on 19-2-, 193 ; death is said to heve occurred on the dete steted above, at 9:50 cm.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causas of Importance
8. Trede profession or particular	were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	Shing Sitial 10-21
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessad lest workad at this occupating (month and this counging (month and second in this occupating this occupation).	1 1 200
SAW MILL, BANK, etc	/ Lypho cephialin 10-21
11. Total time (years) this occupation (month and year) year) 11. Total time (years) spant in this occupation	
Tank	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME Benjaming Myers	
13. NAME Serganny Cuy 1. 14. BIRTHPLACE (city or town) Carrall Go	Neme of operation. Dete of
(Steta or country)	Whet test confirmed diegnosis? Clause My Wes there an europsy? 46
15. MAIDEN NAME Valle Ruling Herry	23. If deeth wes dua to externel ceuses (VIOLENCE) fill in eiso the foilowing:
15. MAIOEN NAME Vallie Ruling Herral 16. BIRTHPLACE (city or town). (State or country)	Accident, suicida, or homicide? Dete of Injury, 19
State or country)	Whera did Injury occur?
17, INFORMANT Shypunic Myers	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) To yrme	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Massaus Vallag Oate 10-16-,1935	Nature of injury
19. UNOERTAKER Styrme Mylis	24. Was disease or injury in eny wey releted to occupation of deceesed?
(Address) Malingular & J.	It'so, specify This of the Care of
20. FILEO 19 19 Registrar.	(Signed) M. D. (Address) Me Shows to Me
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	1
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephr	ilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MON 12 1909	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

		Au	1
	Registration Dist	. No.	4
f death	No. Springfield State He occurred in a hospital or institution, give its NAME ins	spitst,	Ward
	ds. How long in U.S. If of foreign birth?		
1	aw ,		
9 1		5.	0
	St., Ward. Chery Chas	e. W	State
	MEDICAL CERTIFICATE O	F DEATH	
21.	DATE OF DEATH	~	
	act	1/-	, 193 5
	(Month)	(Day)	(Year)
22.	and 2 nd 1935 to de 1944	Thet I ettandad	deceased from
- 1	ang 2 nd 1935 to de	1-7-24	1935
114	ast saw h see allva on cet 7th	1935	· death is said
to	have occurred on the date stated above, at 12-1	laar -	., 00011113 3010
	e PRINCIPAL CAUSE OF DEATH and related causes of		
we	ere as follows:	mportanea	Date of onset
	Pick's Disease		10226
	THE PLANTS		1927 ?
47			
Ot	ther Contributory Causes of Importance:		
-			-
-	Browleopnemonia		Oct. 5
	/		/35
Ne	ame of operation	Date of	
Wh	net test confirmad diagnosis?	Was thara an a	autopsy? Tes
	If daath was dua to external causes (VIOLENCE) fill in :		
	cident, suicide, or homicide? Date		
		or injury	, 19
	hera did injury occur?(Specify city or town	n, county and Stat	e)
- Sp	ecify whether Injury occurred In INDUSTRY, In HOME,	or In PUBLIC PL	ACE.
Ma	anner of Injury		
Ne	eture of injury		
24.	Was disease or injury in any way ralated to occupation	of deceased?	
If	so, specify	Α	
	(Signed) Teckert P Ham		M. D.
-	(Address) Sykewille	rud	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
A 2 H			
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

B

(Address)

should state Every item of infor-

of OCCUPA-

STATE OF M	IARYLAND-CERTIFICATE OF DEAT	H
1. PLACE OF DEATH		
County Carroll	SPRINGFIELD STATE HOSPITALRegistration Dis	t.
Village or City Sykesville		

County	SPRINGFIELD ST	ATE HOSPITA	Registration Dist. No.	74
Village or City Sykesville, Length of residence In city or town where death occurred	No. (If death occ	arred in a hospital or institution	on, give its NAME instead of stre	St., Wa
2. FULL NAME Margaret Ski	inner			
(a) Residence: NoSister: Pikes (Usual)	yille Md. St.,	Ward.	If nonresident give city or to	wn and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CE	RTIFICATE OF DEA	TH
3. SEX 4. COLOR OR RACE 5. SINGLE.	MARRIED, WIDOWED, 21. DA	TE OF DEATH		

-				e of abode)	S
	PERSON SEX emale	4. COLOR OR RACE White	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word)	21.
5e.	If married, widow HUSBAND of (or) WIFE of		Skinner		22. St
	AGE Yes	month, day, end year) Se	Days 5	1 1 LESS then 1 day,hrs.	to I
OCCUPATION	kind of v SAWYER, 9. Industry or work wes	ision, or particular oork done, es SPINNER, BOOKKEEPER, etc	Housevi	time (yeers) contin this 38	G
12.	BIRTHPLACE (cil	y or town) Balt:	lmore, h	ig•	Ce
FATHER	13. NAME 14. BIRTHPLACE (State or	Joseph Lin (city or town) Ire country)			Ne Wh
MOTHER	16. BIRTHPLACE	(city or town)	Adams Ireland		23. I

VETEUTAL IMMOLISM	
Other Contributory Canses of Importance: Cerebral Embolism	
	enow.
to have occurred on the date steted ebove, a 0:150.m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows: General arteriosclerosis	Date of one
l last saw Or elive on October 5 , 185); deeth is s

I HEREBY CERTIFY, That I ettended deceesed from

October 5 (Month)

10906

(Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 24. Was diseese or injury in eny way related to occupation of deceesed?___

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1895	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importances		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10907
1. PLACE OF DEATH	98-0
County Carroll , A	Registration Dist. No. 7/
	No. St., Ward
Length of residence in city or town whara death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Loselsh W. Ston	lese
(a) Residence: No. Pritting	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the worth)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (oc) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
clasa & lierce	10-7,1935,10 10-7-,1935
6. DATE OF BIRTH (month, day, and year)	I last saw h. in aliva on died polledy, 19 24 , daath Is sale
7. AGE Years Months Deys (If LES'S than 1 day,hrs.	to have occurred on the date stated above, at
/8 2 //0 ormin.	were as follows:
SAUYER, BOOKKEEPER, etc	- Cardisa Seletation Sudden
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Primary Cause & Chronic myocardities Cut of.
12. BIRTHPLACE (city or town) Philadelphia Pa	Other Contributory Causes of importance:
(State or country) 13. NAME A Cawara Cawara Cawara	Clasis ocleions
14. BIRTHPLACE (city or town) Jack and Schiq Ha	Neme of operation Date of
(State of Edulity)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIOEN NAME MMA Downstry	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicida?
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT AND Sand Saully (Address) In planting to Mid R. R. 405	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Piace Of M. Letter Helf Co. Date C. J. D., 1905	Neture of Injury
19. UNDERTAKER A A Harrile Joyn. (Address)	24. Wes disaase or injury In any way raleted to occupation of decaased?
20. FILED Pt. 8 , 1935 Margaret R. Englan	(Signed)
Registrar. If more blanks are needed, address State Registrar.	(Andress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	NOV 6 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	arci.		
Other contributory of	auses of importance:	13	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN							
	ADDITIONAL O	SPACE	FOR	RHPTHER	STEATEMENTS	DV	DITUCTOR

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

9	1	6	13	1 3
ľ	U	9	(1)	3

1. PLACE OF DEATH	(97)
County Carrall	Registration Dist. No.
Village or City (If	No
2. FULL NAME & were & Freek	
(a) Residence: No. 325 - Un Fullow	
(Usuai place of abode)	If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Lucy 1	21. DATE OF DEATH October 1935 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deseased from
6. DATE OF BIRTH (month, day, and year) Sefet. 11 1860	I last saw hele alive on Deleter 1, 19.95; death is said
7. AGE Years Months Oays if LESS than 1 day,hrs.	to have occurred on the data stated above, at 15 Jm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ware as follows:
SAWYER, BOOKKEEPER, atc.	Relevenseloused 1928
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
O Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) lucksus and (State or country)	Other Contributory Causes of importance:
W 13. NAME Uniford Steed	
13. NAME 14. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	Name of operation Oate of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (City or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?, 19, 19, 19
17. INFORMANT Hay pital Caesala (Addrass)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAC COM Such of 1936	Manner of injury
19. UNDERTAKER John G. Mullell yours	24. Was disease or injury In any way related to occupation of deceased?
20, FILEDOIL V, 19 35 OHarry Men	(Signed) Rayel III. (see M. D. (Address) Supportuble M. J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II					
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset				
Arteriosclerosis FIVED	1915	Attack of epilepsy	1 week ago				
Chronic interstitial nephritis	1921	Run over by street car	1 week ago				
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago				
BUREAU V. S.							
Other contributory dauses of importance:	1 - 1 - 1	Other contributory causes of importance:					
Gallstones	May 1,1923	Gastroenteritis	1 year				

mation s

LION

BINDING

FOR

RESERVED

ARGIN

S. No.

OCCUPA

pluods

12.	(State or country) St. Marys Co., Md.
ER	13. NAME Unknown
FATHER	14. BIRTHPLACE (city or town) Unknown (State or country) Unknown
ER	15. MAIDEN NAME Unknown
MOTHER	16. BIRTHPLACE (city or town) Unknown (State or country) Unknown
17.	INFORMANT John E. O'Neill, M. D. (Address) Henryton, Maryland.
18.	BURIAL, CREMATION, OR REMOVAL

., 19.3	JN:	atu
	24.	Wa
- 62	1.6	

24. Was disease or inj

Manner of injury

Accident, suicide, or homicide?_ Where did injury occur?_____

as disease or injury in any way related to occupetion of deceased? No , specify (Signed)

(Specify city or town, county and State)

23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Deputy Local Registrar. (Address) July July July If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

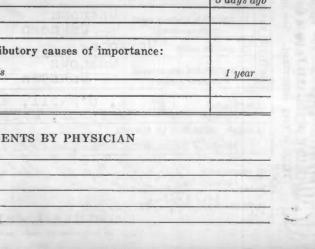
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	i i	Example II					
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset				
Arteriosclerosis	1915	Attack of epilepsy	1 week ago				
Chronic interstitial nephration	1921	Run over by street car	1 week ago				
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago				
	/						
Other contributory causes of importance:		Other contributory causes of importance:					
Gallstones	May 1,1923	Gastroenteritis	1 year				
in contrains to office be lightness.							



V. S. No. 1

1. PLACE OF DEATH County Carroll Colored Branch Colored Branch Village or City Henryton, Maryland Length of residence in city or town where deeth occurred O yrs. O mos. 11 ds. How long in U.S. if of foreign birth? 2. FULL NAMEArdine Thomas (a) Residence: No. Chester, Queen Anne Co., 3fd. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Female Colored Maryland Tuberculosis Sanatorium Registration Dist. No. (above) St., (If death occurred in a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital or institution, give its NAME instead of street and number of a horpital	
(If death occurred in a horpital or institution, give its NAME instead of agreet and number length of residence in city or town where deeth occurred Oyrs Omos. 11 ds. How iong in U.S. if of foreign birth? yrs. mos. 2. FULL NAMEARDINE Thomas (a) Residence: No. Chester Queen Anne Co., If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) COLORED (write the word) COLORED (write the word)	
2. FULL NAMEARDINE Thomas (a) Residence: No. Chester, Queen Anne Co., 36d. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) COLORDO COLOR	
(a) Residence: No. Chester. Queen Anne Co., \$6d. Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) COLOROG. COLOROG. Ward. MEDICAL CERTIFICATE OF DEATH OCTOBER 1, 1935, 193	102
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Colored Colored Carrie the word)	
OR DIVORCED (write the word) October 1, 1935, 193	•
	(Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of 22. I HEREBY CERTIFY, Thet I ettended decea Sept. 20, 193519, to Qct., 1, 1935	sed from
6. DATE OF BIRTH (month, dey, end yeer) Sept., 5, 1912 i last sew h.er elive on Oct., 1, 1935, 19 ; dea	
7. AGE Years Months Days If LESS than 1 dey,hrs. Ormin. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	
Na Trade profession or particular	e of onset
SAW MILL, BANK, etc. 10. Date decessed last worked et 11. Totel time (yeers) this occupation (month and I) no warp spent in this I In Izn own	oril 935
year) Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town) Chester (State or country) Maryland	
13. NAME William Thomas 14. BIRTHPLACE (city or town) Stevensville Name of operation Dete of Whet test confirmed diagnosis? Westhere an eutops	No
15. MAIDEN NAME LOlie Wright 16. BIRTHPLACE (city or town) Chester (State or country) Maryland 17. INFORMANT John E. O'Neill, M. D. 23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	19
(Address) Henryton, Maryland 18. BURIAL, CREMATION, OR BEMAVAL Menner of injury Nature of Injury Nature of Injury	
19. UNDERTAKER (Address) 24. Wes disease or injury in eny way releted to occupation of deceased? NO (Address) (If so, specify (If so, specify	
20. FILED. 10/1/35, 19 Shurtas need. (Signed) The Collection (Address) Newscapton	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II				
The principal cause of death and related causes of importance were as follows: Arteriosclerosis NOV 5 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
ALSO THE PROPERTY OF THE PROPE						

V. S. No. 1

		S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 10911				
1	. PLACE OF			Maryl	17	culosis Sanatorium				
	County C8					ed Branch 23 Registration Dist. No.74				
	Village or Cit	tyHe	nryton,	Maryla		NoSt.,Ward				
	Length of reside	ence in cit	y or town where d	eath occurrad	O yrs. O mos	death occurred in a horpital or institution, give its NAME instead of street and number) 17 ds. How long in U.S. If of foreign birth? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
2	. FULL NAW	1E	William	Trower	J-111-1-1-1-	WAR SERVICE NONE				
	(a) Residence	e: No	911 N.	Carolin	le St., Ba	altsimore, Wardd. Hone				
entakted				(Usual place		If nonresident give city or town and State				
-	SEX		D STATISTI			MEDICAL CERTIFICATE OF DEATH				
M	lale	Co	lored	OR DIVORCE	RRIED, WIOOWED, ED (write the word)	21. DATE OF DEATH October 5, 1935 (Month) (Oey) (Year)				
5a.	5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Rosie Trower					22. I HEREBY CERTIFY, Thet lattended deceased from Sept., 18, 1935				
6.	DATE OF BIRTH (n	nonth, day	and yeary Jul	y 13, 1	895	Hast saw h im alive on Oct., 5, 1935, 19 ; death is said				
	AGE Yaars		Months	Days	If LESS than	to have occurred on the date stated above, at 2.00 Pm. M.				
	4(0	2	22	or XXmmXX	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
N	8. Trade, profess kind of wo	ion, or pa ork done,		Porter		Pulmonary Tuberculosis Paterioses				
OCCUPATION	9. Industry or b	usiness in	which .		•••••	1935				
CUP	SAW MILL	done, as S	ILK MILL,	Hotel						
000	10. Oate deceased this occupy year)	liast wor	ked et ith and	11. Totai Unise	time (yaars) nt in this upation					
12.	BIRTHPLACE (city	or town).	Baltimo Marylan	re,		Other Contributory Causes of importence:				
2		**	Trower	,						
FATHER	14. BIRTHPLACE ((city or to	Vnkno Northha		o., Va.	Name of operation Oate of What test confirmed diagnosis? Was there an au'opsy? NO				
ER	15. MAIDEN NAM	E S	arah Da	vis		23. If death was due to external causes (VIOLENCE) fill in also the following:				
MOTHER	16. BIRTHPLACE (wn) Nort	hamptor	1 Co., Va.					
17.	INFORMANT		E. O'N			(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.				
18.	Place Place		orque	Date Ol	£ 6, 1935	Mannar of Injury				
19.	UNDERTAKER	rev 179	12 yel	ens.	ley	24. Wes disease or injury in any way related to occupation of deceased? NO If so, spacify				
20.	FILED 10/5,	/35,1	be put y	rdeel	Keelg.	(Signad) (Add poss) Herry 140 p. 180				
		-	If more l	blanks are needed,	address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II					
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset				
Arteriosclerosis 2 7 7 7 7 7	1915	Attack of epilepsy	1 week ago				
Chronic interstitial nephritis	1921	Run over by street car	1 week ago				
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago				
	The Park						
i Dippativs	3						
Other contributory causes of importance:	3	Other contributory causes of importance:					
Gallstones	May 1,1923	Gastroenteritis	1 year				

V. S. No. 1

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 10	912
1	. PLACE OF DEA				40cV	
	County Carro)11			Registration Dist. No. 74	
	Village or City S	kesvill	e, Md.	SPRINGFI	ELD STATE HOSPITAL St., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
	Length of residence in c			U_yrsU_mos.	9 ds. How long in U.S. if of foreign birth?yrsmos	ds.
2	FULL NAME I			De	1 timono Vd	
	(a) Residence: No	2280 Wo	odberry		iltimore, ward.	
-	PERSONAL AN	ID STATISTI	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	:
3 5		OR OR RACE			21. DATE OF DEATH	
	Male White 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Married				October 2, (Day)	(Yaar)
5a.	If married, widowed, or div				22. I HEREBY CERTIFY. That I ettended dece	and from
	(or) WIFE of	Mamie W	ilson		September 23,19 35to October 2,	19 35
6	DATE OF BIRTH (month, da	Au Au	gust 24	1. 1886	last sew him alive on October 2, 1935 de	
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 8 a · m.	
	49	1	8	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	
7	8. Trade, profession, or p	particular	,	, viinn.	Carcinoma of the Caecum	te of onset
0	SAWYER, BOOKKE	EPER, etc	Salesma	an	with peritonitis generalized	9-28-
OCCUPATION	9. Industry or business it work was done, as	n which SILK MILL, Wh etc	ماممماد	20000		
000	SAW MILL, BANK, 10. Date deceased last wo					
0	this occupation (my	ente end	sp8	time (years) ant in this 25 yr:		
12	BIRTHPLACE (city or town	\		apetion 2002 2-2-1	Other Contributory Causes of importance:	
12.	(State or country)	Baltimo	re, Md.)		
ER	13. NAME John	Wilson				
FATHER	14 RIPTHPLACE (city or t	own)			Name of operation Iliocolostomy. Date of 9-1	8-35
F	14. BIRTHPLACE (city or t (State or country)	Anne Ar	undel (Co., Md.	What test confirmed diagnosis? Was there an autop	sy? Yes
ER	15. MAIDEN NAME C	arrie Do	dson		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or t	own)			Accident, suicide, or homicide? Date of injury	, 19
E	(State or country)		rundel	Co., Md.	Where did injury occur?	
17.	INFORMANT HOSP	ital Rec kesville	ords, S	S.S.Hosp.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OL		11 1 1.	1.1	Manner of injury	
	Place Pull	faul !	Make CU	V. 4 , 19 35	Nature of injury	
19.	UNDERTAKER (Address)	liane	Cost	wd.	24. Wes disease or injury In eny way related to occupation of deceased?N	2
20.	FILE Och. 2	1935 Cd	Yarry	Hell Registrar.	(Signed) Shu & Wilher of KAddress) S.S. Host, & y her wille, Ind	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II					
The principal cause of death and related causes of importance were as follows:	Date of onset	of Author cance were as follows.	Date of onset				
Arteriosclerosis	Con 1915	Mack of epilepsy	1 week ago				
Chronic interstitial nephritis	19910	Run over by street car	1 week ago				
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago				
	4,	F 3 / 10 E S E S E S E S E S E S E S E S E S E					
Other contributory causes of importance:		Other contributory causes of importance:					
Gallstones	May 1,1923	Gastroenteritis	1 year				

		ADDITIO	ONAL	SPACE	E FOR	FURTH	IER ST	CATEME	NTS P	SY	PHYSICIAN	
On	autonsy	thorn	TAT O C	no	sign	s of	meta	stasi	9.			

II dadops,	011010 1100 11	110000000000	

V. S. No. 1

1. PLACE O		H MAR	YLAND—	CERTIFICATE OF D	EATH 10913
County				(93-3)	Sed
,		4		of the state of th	ation Dist. No.
-vmage-or C	itynear New W	Indsor,	(If	Nodeath occurred in a horpital or institution, give its	NAME instead of street and number
Langth of resi	dence in city or town where d	aath occurrad 4	yrs,mos	ds. How long in U.S. If of foreign bird	th?ds.
2. FULL NA					
(a) Residen		(Usual place			esident give city or town and State
	AL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFIC	ATE OF DEATH
Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married		21. DATE OF DEATH Octobe (Month)	r, 11, ,195. (Year)		
5a. If marriad, widow HUSBAND of (or) WIFE of	Florence	K.Ying	ling	22. April 1, HEREBY CERT	TIFY, Thet I attended deceased from
6. DATE OF BIRTH	month, dey, end yeer) 18	62-1-3		I last saw h und elive on Slot	/ 6 , 19.3 5; deeth is sald
7. AGE Yaa		Days	If LESS than I dey,hrs.	to have occurred on the dete statad abova, a8	
73	1 9	8	ormin.	The PRINCIPAL CAUSE OF DEATH and relate were as follows:	d causes of Importance
kind of w	sion, or particuler vork dona, es SPINNER, BOOKKEEPER, etc business In which	Labore	r	Chome Physeordelin we	
work wes	done, as SILK MILL, L, BANK, etc			. Deefrefeesation -	
10. Date decaase this occupyear)	nd lest worked at pation (month end	spai	me (years) ht In this		
12. BIRTHPLACE (cit (Stete or coun		11 Co vland		Other Contributory Causes of importanca:	
13. NAME	David Yin				
13. NAME 14. BIRTHPLACE (State or	. , ,	known		Name of operation	Date of
15. MAIDEN NAI		chaeffe	n	What test confirmed diegnosis?	
15. MAIDEN NAME Lydia Schaeffer 16. BIRTHPLACE (city or town) Unknown (State or country)				23. If daeth was due to external ceuses (VIOLEN Accident, suicide, or homicide?	
17. INFORMANT M	rs.Florence F.DNew Win	K.Ying	ling	Where did injury occur?(Specify of Spacify whathar injury occurred in INDUSTRY,	city or town, county and State) In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAT	on, or removal ntown Cemty.			Menner of injury	
19. UNDERTAKER (Addrass)	6.m.H. Winfield			24. Was disaese or injury in eny way related to	occupation of decaesed? 200
20. FILEDOOF		w SB	Registrar.	(Signad) & B have	M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3/18	Example II	
The plincipal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	9921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
ig.t.	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Ä

STAT	E OF	MARYLAND—CERTIFICATE	OF	DEATH
DE DEATH	00			

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Daniel	Registration Dist. No. 7 5
Village or City Manchester	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred _/yrsmos	
2. FULL NAME John & Young	ling
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (write the work)	21. DATE OF DEATH CLet 10 193 5 (Month) (Day) (Yaar)
58. If married, widowed in divorced HUSBAND of	
agues Jugling	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) January 24, 1870	I lest saw h Lu alive on Def 10 ,1930; death is said
7. AGE Years MonUs Days If LESS than	to have occurred on the date stated above, at 5.7, -m.
65- 8 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or perticular kind of work done, as SPINNER etired Harmes SAWYER, BOOKKEEPER, etc.	Diabetes mellitus 1933
kind of work done, as SPINNER elined farmed SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. 10. Dete daceased last worked at this occupation (month and	
10. Dete daceased last worked at this occupation (month end year)	
	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) Many tuned (State or country)	or Slain - Hele Fall 1933
13. NAME George Gugling	Department of the second of th
13. NAME George (Jungling 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Warrier 16. BIRTHPLACE (city or town) Mary Constant	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) Mary land.	Where did injury occur?
17. INFORMANT Mis John by Jungling (Address) Men of least to Me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMITION, OR REMOVAL	Mennar of injury
Place Luydushing Data Oct 13, 1935	Nature of injury
19. UNDERTAKER Edwellipton	24. Wes disease or injury in any wey related to occupation of decessed? 770
(Addrass) Hampstad My	(Signed) William R & Desmir M. D.
20. FILED Oct. /d , 1953 Mio. H. G. J. Shanks. Registrar.	(Signed) William I Wermer M. D. (Addrass) Warehight Wd

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5	July 5,1927	Peritonitis	3 days ago
L LLCASI V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year